The Park & Recreation Department
201 4th Street SE #150
Rochester, MN 55904
Adaptive Recreation Phone; (507)287-7980

Adaptive Recreation Participant Profile

The Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. This information can be shared with the Adaptive Recreation as well as program consultants hired by and associated with the adaptive program. You can withhold this information however information that is withheld may impede staff from giving informed care or providing specialized accommodations. Your signature on this form indicates you understand these rights.

_____ _____

Parent/Guardian/Support Staff Signature **Date**

PARTICIPANTL CONTACT INFORMATION

NAME:	**BIRTH YEAR:**	**SEX (M/F)**
ADDRESS:	**HOME PHONE:**	**EMERGENCY PHONE:**

Medical Information

Check all that apply

Please Affix Picture Here

- o Allergies to: _____
- o Asthma
- o Atlanto-axial Subluxation (persons with Down Syndrome)
  Restrictions: _____

- o Cyanosis*
- o Diabetes*
- o Heart Condition*
- o Hepatitis
- o Seizures*: what are signs to be watching for? _____

*What procedures would you direct staff to take should an episode occur?

_____

Diagnosis
Check all that apply

☐ **ADHD/ADD**
☐ **Autism/PDD**
☐ **Brain Injury**
☐ **Cerebral Palsy**
☐ **Deaf/Hearing Impaired**
☐ **Down Syndrome**
☐ **Epilepsy**
☐ **Learning Disability**
☐ **Mental Health**
Mental Retardation
☐ Mild
☐ Moderate
☐ Severe
☐ **Mobility Impairment**
☐ **Muscular Dystrophy**
☐ **Multiple Sclerosis**
☐ **Non-ambulatory**
☐ **Non-verbal**
☐ **Prader-Wili**
☐ **Rhetts-Syndrome**
☐ **Speech Delay**
☐ **Spina Bifida**
☐ **Tourettes Syndrome**
☐ **Visual Impairment**
☐ **Other:** _____
_____
_____

Communication
Check all that apply

☐ **Good** ☐ **Shy** ☐ **Limited Conversation** ☐ **Shy**
☐ **Signs** ☐ **Interpreter Needed** ☐ **Dominates conversation** ☐ **Inappropriate Topics**

_____
Signed by

_____
Date

Relationship to participant

☐ **Parent** ☐**Guardian** ☐ **Support Staff**

General Concerns:
Check all that apply

o Behavior (explain): _____

o Physical Limitations (explain): _____

o Dietary Restrictions (explain): _____

o Toileting (explain): _____

o Medication (explain): _____